

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter Certification  
from

Lisa Blake dba Palmetto Transport Service

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2020 - 18 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Submitted by: Lisa Blake

Telephone: 803-374-4677

Address: 61 Osprey Circle  
Okatie, SC 29909

Fax:

Other:

Email: Lisa@palmettotransportservice.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other:

RECEIVED  
JAN 10 2020  
PSC SC  
CLERK'S OFFICE

JS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: January 4, 2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Lisa Blake dba Palmetto Transport Service

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

61 Osprey Circle Okatie, SC 29909

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-374-4677

Phone

Fax

Lisa@palmettotransportservice.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	50,000.00	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	20,000.00	Loans Owed on Motor Vehicles	18,000.00
Cash on Hand	134,000.00	Business/Other Loans Owed	
Cash in Bank	22,000.00	Other Liabilities or Debts	
Value of Other Assets and Equipment	10,000.00	Total Liabilities	18,000.00
Total Assets	236,000.00		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE****Proposed Rates and Charges:**

Wheelchair	Weekday Business Hours	Weekend & Off Hours
Base Rate	\$45-\$50 per hour	\$75-\$90 per hour
Additional mileage fees - \$3.00 - \$5.00 per mile		\$5.00- \$7.00 per hour
Wait Fees	\$15-\$30 (per 30 minutes)	\$25-\$40 (per 30 minutes)

**Requested Scope of Authority: Check all counties in which you are requesting permission to operate.**  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of ~~seats~~ seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
2007	Lexus RX350	2T2GK31U97C007682	4300 LBS	

Jan. 10. 2020 1:33PM

No. 1123 P. 1

**INSURANCE QUOTE****This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Lisa Blake

Name of Applicant

61 Osprey Circle Okatie, SC 29909

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 4,817.00

12

The above quoted premium is for a term of \_\_\_\_\_ months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

Progressive Northern Insurance Co

Name of Insurance Company

46-E Sams Point Rd Beaufort, SC 29907

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Jan. 10. 2020 1:34PM

PEOPLES CHOICE INS  
46-E SAMS POINT RD  
BEAUFORT, SC 29907No. 1123 P. 2  
**PROGRESSIVE**  
COMMERCIALLISA BLAKE  
DBA: PALMETTO TRASPORT SERVICE  
61 OSPREY CIR  
OKATIE, SC 29909Underwritten by:  
Progressive Northern Insurance Co  
January 9, 2020  
Policy Period: Jan 9, 2020 - Jan 9, 2021  
Page 1 of 3

Customer Phone number: 1-803-374-4677

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website.

### Policy information

Business type: Passenger Transportation (Not For Hire)  
Sub business type: Other Passenger Transportation (Not For Hire)  
Other: Transportation -Passengers (At no Charge)

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$4,817.00
Paid in full discount	-659.00
Policy premium If paid In full	\$4,158.00

### Payment plans

Payment Method: 10 payments

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$5.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$4,817.00	\$985.00	9 payments of \$430.78
6 Pay, Seasonal, 20.0% Down	\$4,817.00	\$985.00	5 payments of \$771.40
10 Payments, 25.0% Down	\$4,817.00	\$1,224.50	9 payments of \$404.17
4 Pay, Seasonal, 25.0% Down	\$4,817.00	\$1,224.50	3 payments of \$1,202.50

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$12.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
10 Payments, 20.0% Down	\$4,817.00	\$985.00	9 payments of \$437.78
6 Pay, Seasonal, 20.0% Down	\$4,817.00	\$985.00	5 payments of \$778.40
10 Payments, 25.0% Down	\$4,817.00	\$1,224.50	9 payments of \$411.17
4 Pay, Seasonal, 25.0% Down	\$4,817.00	\$1,224.50	3 payments of \$1,209.50
4 Pay, Quarterly, 25.0% Down	\$4,817.00	\$1,224.50	3 payments of \$1,209.50
1 Payment	\$4,158.00	\$4,158.00	None
2 Payments, 50.0% Down	\$4,817.00	\$2,422.00	1 payment of \$2,407.00

Jan. 10. 2020 1:34PM

No. 1123 P. 3

LISA BLAKE  
Page 2 of 3**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-843-522-0995**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

Failure to accurately and completely report all driver information may result in premium differences and service delays.

Name	Age	Marital status	Points	Additional information
LISA BLAKE				
ROBERT BLAKE				

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$3,486
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			194
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$200	
Underinsured Motorist			206
Bodily Injury	\$1,000,000 combined single limit each accident		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$5,000 each person		92
Comprehensive			276
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			404
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			88
See Auto Coverage Schedule			
Roadside Assistance			44
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$4,790</b>
PUC Filing Fee			25
South Carolina Uninsured Motorist Fund charge			2
<b>Total 12 month policy premium and fees</b>			<b>\$4,817</b>



Jan. 10. 2020 1:34PM

No. 1123 P. 4

LISA BLAKE  
Page 3 of 3

Auto coverage schedule

1. **2007 LEXUS RX 350** Stated Amount: \* \$45,000 (including Permanently Attached Equip)  
VIN: **2T2GK31U97C007682** Garaging Zip Code: 29909 Territory: 19 Radius: 300 miles  
Personal use: N Body type: SUV Use class: L

Liability Premium	Liability \$3486	UM \$168	UIM \$201	UM PD \$26	UIM PD \$5	Med Pay \$92	
Physical Damage Premium	Comp/Glass Deductible \$500	Comp/Glass Premium \$276	Collision Deductible \$500	Collision Premium \$404			
Other Coverages Premium	Rental Limit \$50 per day Max \$1500	Rental Premium \$88	Roadside Limit Selected	Roadside Premium \$44			Auto Total \$4,790

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

Premium discount

Policy  
Package

Form QTE (05/08)

**Exhibit Fit, Willing, and Able (FWA)**

Lisa Blake

Name

---

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

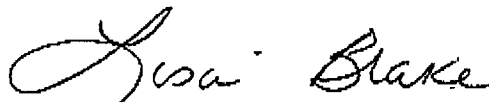
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

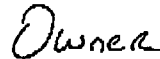
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Beaufort )

SWORN TO BEFORE ME  
This 6<sup>th</sup> day of January, 2020

  
Notary Public

Commission Expires Feb. 8, 2026

Print Application